

Type a plus sign (+) inside this box → ☐

PTO/SB/04 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	36400.198001
	First Named Inventor	Robert Trimble
	COMPLETE IF KNOWN	
	Application Number	09/354,850
	Filing Date	07/16/99
	Group Art Unit	3745
	Examiner Name	Michael Leslie

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PUMP

the specification of which. (Title of the Invention)

☐ Is attached hereto.

OR

☒ was filed on (MM/DD/YYYY) 07/16/99 as United States Application Number or PCT International

Application Number 09/354,850 and was amended on (MM/DD/YYYY) (if applicable).

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B is attached hereto

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box → 

PTO/SB/04 (12-97)

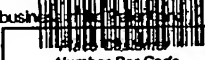
Approved for use through 8/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

SUPPLEMENTAL DECLARATION -- UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02A attached hereto.As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business with the Patent and Trademark Office connected therewith: ☒ Customer Number  OR☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number


☐ Additional registered practitioner(s) named on supplemental practitioner information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number or Bar Code Label  OR ☐ Correspondence address below

Name	John E. Hyatt					
Address	Althelmer & Gray					
Address	10 South Wacker					
City	Chicago	State	IL	ZIP	60606	
Country	U.S.A.	Telephone	(312) 715-4544		Fax	(312) 715-4800

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Robert	Trimble

Inventor's Signature		Date	8/1/01
----------------------	---	------	--------

Residence: City	Sullivan	State	IL	Country	U.S.A.	Citizenship	U.S.A.
-----------------	----------	-------	----	---------	--------	-------------	--------

Post Office Address	1411 South Hamilton						
---------------------	---------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Sullivan	State	IL	Zip	61951	Country	U.S.A.
------	----------	-------	----	-----	-------	---------	--------

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

(746997.1)